



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ELIGIBILITY FOR SERVICES

➤ Subject: Termination/Denial of Services

Reference: ARM 37.40.1408, 37.40.1426

DEFINITION

The definition of termination and/or denial for Big Sky Waiver services is a discontinuation of a service, removal of member from the Big Sky Waiver and/or a denial of a prospective service.

TIMELY NOTICE OF TERMINATION

Timely and/or adequate notice must be given in all cases of adverse action.



An adverse action is action intended to discontinue, terminate, suspend or decrease a service currently being received. A timely notice is written notification to members at least ten working days before the date of an adverse action.

The Case Management Team (CMT) issues a Notification of Termination (Form SLTC-144), to provide notification of adverse action for all of the reasons EXCEPT terminations and denials based on level of care for which the Mountain Pacific Quality Health (MPQH);

The CMT will send a notice of termination when a member is determined to not be in need of services;

The Office of Public Assistance (OPA) will issue letters of adverse actions resulting from Medicaid financial ineligibility;

A person aggrieved by any adverse action made by the Department, may request a fair hearing (refer to Big Sky Waiver 413).

TEMPORARY ABSENCES

A member can be temporarily absent from home for up to 30 continuous days per event for vacations, visits, and to receive outpatient medical care and continue to receive Big Sky Waiver service. In order for CMT to bill case management during a temporary absence, there must be a plan for the member to return home.

Refer to HCBS 410 Retainer Payments regarding payment for Community First Choice (CFC) and Residential Habilitation.

**TERMINATION
PROCEDURE**

The CMT must provide discharge planning for members who will be terminated from services and complete the Termination Sheet, (form SLTC-137). A termination notification from the CMT must be sent to all appropriate individuals. Notification may include the following:

An MA-55 form to the Office of Public Assistance (OPA) Eligibility Staff
Refer to HCBS 899-6;

Form SLTC-137 must be faxed to MPQH;

Health care professional; and

Service providers.

**LACK OF
FUNDING**

The Department will provide at least 30 days advance notice before a termination of services due to insufficient program funds.

**RE-
ENROLLMENT**

If a member has been discharged from Big Sky Waiver for a hospital or nursing Facility TCU stay exceeding 30 days or other extended absence from home, and the CMT is holding the member's slot open, the CMT does not complete a new service plan unless there is a change in the member's condition. A SLTC-137 must be faxed to MPQH, and a MA-55 form sent to the Office of Public Assistance. If there is a one day break in long term care services (Big Sky Waiver or nursing home), a Request for Level of Care form (SLTC-85) must be submitted to MPQH. Therefore, if a member moves from Big Sky Waiver to a nursing home and directly back to Big Sky Waiver, a new Level Of Care (LOC) is not required. In all other cases a new LOC is required prior to re-enrollment in Big Sky Waiver.